

## REVIEWS

THE SURGICAL CLINICS OF JOHN B. MURPHY, M.D., at Mercy Hospital, Chicago. Vol. IV; Number 1 (February, 1915); pp. 185; 41 illustrations. Philadelphia and London: W. B. Saunders Company, 1915.

THIS publication inaugurates its fourth year with the query by Dr. Murphy: What is an intestinal fistula? The answer is included in a diagnostic talk followed by four illustrative cases, with comments. The possible sources of intestinal fistulas are mentioned in a table three pages long. The various locations of appendicular abscesses according to the position of the appendix, are shown in seven cuts taken from Dr. Murphy's article in Keen's *Surgery*. Dr. Murphy bemoans his inability to find a term more expressive of his opinion of the "expectant treatment" for appendicitis than the *mañana* method, or *dolce far niente*.

On page 26 the intern was right and Dr. Murphy wrong about the omission from the history of the patient's knowledge of his temperature. On the next page, in speaking of end-to-end anastomosis by the suture method, Dr. Murphy refers to the "Lembert" stitch. It is probable that he meant a Dupuytren stitch, which is the one usually employed in this operation, because it takes less time for insertion.

In discussing aneurysms on page 64, Dr. Murphy is in error when he describes Hunter's treatment as "a double ligation, above and below the sac." John Hunter's method was that of proximal ligation far from the sac, as is shown by his historical ligation of the superficial femoral artery in the canal that bears his name for popliteal aneurysm, in December, 1785. With the exception of turning out the clots, Dr. Murphy's definition corresponds to the treatment of Antyllus. The second table in the book gives a classification and statistics of aneurysm.

In Dr. Mix's discussion of the case of division of the brachial plexus, he overlooks the fact that the brachialis muscle is supplied in part by the musculospiral nerve. A discussion of supraclavicular subcutaneous lesions of the brachial plexus not associated with skeletal injuries and occurring between the transverse processes and the clavicle, of which there are about twenty-one cases on record, is conspicuous by its absence, and might well have been

included. We doubt that the tendons of the pectoral muscles could be cut at a point corresponding to the middle third of the clavicle.

A series of illustrations shows Dr. Murphy's technique of inserting an intramedullary splint into a fractured tibia. The open reduction of a posterior luxation of the spine at the second lumbar vertebra is particularly interesting. In discussing a case of old compound fracture of the malar bone, Dr. Murphy says: "The trifacial is chiefly the sensory nerve (of the face), although it must not be forgotten that it also contains the motor nerve supply to the masseter muscle." Why were the temporal and external and internal pterygoids not included? In discussing a case of ununited birth-fracture of the clavicle in a boy, aged nine years, the statement is made that bone transplantation is out of the question. An inlay bonegraft inserted into the anterior surface could not have been included in this assertion. A statement worth emphasizing is: "Remember that, as a rule, a Lane plate should not be used where there is a failure of union." The talk on carbuncle of the arm is very valuable. In speaking of lip carbuncles, ligation of the facial vein high up to prevent thrombophlebitis extending into the ophthalmic vein and cavernous sinus is not mentioned. The remaining cases include plastic work on thumbs, plating of a fractured femur, and gangrenous appendicitis.

P. G. S., JR.

**ARTERIOSCLEROSIS: A CONSIDERATION OF THE PROLONGATION OF LIFE AND EFFICIENCY AFTER FORTY.** By LOUIS FAUGERES BISHOP, A.M., M.D., Clinical Professor of Heart and Circulatory Diseases, Fordham University School of Medicine, New York City. Pp. 383; 11 plates, and 25 figures in text. London: Oxford University Press, 1914.

THIS volume comes to us in the usual good dress of the Oxford medical publications. Its contents survey from every angle this disease of ever-increasing modern interest. Twenty-one chapters take up arteriosclerosis, discussing etiology, symptoms, prevention, nursing, treatment, blood-pressure, angina pectoris, life insurance, chemistry of the proteins, the prolongation of life in arteriosclerosis, and so forth. Much emphasis is laid upon protein sensitization as a cause of this malady, while the liberal protein diet is the subject of discussion in many paragraphs. The book is written in a very entertaining style. It leaves the impression that its author is perhaps a trifle overenthusiastic and that he has resorted to some unnecessary repetition in order to fill out the pages. For example, of the fifty-four pages devoted to the chapter on diet in arteriosclerosis, forty-two are devoted to cheese as an article of food. Yet the book is, on the whole, very interesting, especially so in the portions which touch upon the personal experiences of the author.